



2022 HEWT Medical/Vision Displaced Worker Program Monthly Rates

Level of Coverage	Kaiser Foundation Health Plan of Wa. Options, Inc.		
	1 st 12 Months	2 nd 12 Months*	3 rd 12 Months*
Individual	\$164.99	\$350.61	\$687.48
Individual Plus One	\$301.93	\$641.59	\$1258.02
Individual Plus More Than One	\$506.53	\$1076.38	\$2110.55

Level of Coverage	UnitedHealthcare PPO		
	1 st 12 Months	2 nd 12 Months*	3 rd 12 Months*
Individual	\$376.73	\$ 800.54	\$1569.69
Individual Plus One	\$735.77	\$1563.51	\$3065.70
Individual Plus More Than One	\$1056.37	\$2244.78	\$4401.53

* Rates adjust January 1 each Calendar year

2022 HEWT Dental COBRA Monthly Rates

Level of Coverage	Delta Dental Buy Up	Willamette Dental
Individual	\$ 43.68	\$ 50.29
Individual Plus One	\$ 78.95	\$100.73
Individual Plus More Than One	\$116.82	\$188.75

2022 HEWT EAP COBRA Monthly Rates

Level of Coverage	Employee Assistance Program
Employee	\$ 2.24

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) was created by a federal law and provides continuing benefits for eligible individuals.